

BUSINESS LICENSE

Sole Proprietorship

Unified Business ID #: 603 283 010

Business ID #: 1 Location: 1

Expires: 05-31-2017

KHALED E SAAD AMERICAN AUTO & BODY 1901 FREEWAY DR MOUNT VERNON WA 98273 5438

TAX REGISTRATION INDUSTRIAL INSURANCE MOTOR VEHICLE DEALER #0283

UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS: Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.



Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit Department of Licensing

PO Box 2957 Olympia, WA 98507 Fax

(360) 570-7895

Phone

(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIP	3 number, enter it here		<u>_</u>				
Company/Agency name Ama	vican Auto	\$	Rody		Website	·	1 - 11 116
Contact name. Primary applicant and contract manager Kal Saad		(Area code) Telephone number (360) 707-8970			Email (required) khsaad73@yahoo.com		
Contact name 2 (if applicable)	,	code) Telephone number		Email (required)			
Physical address of business (number a 1901 Freeway Drive	nd street)		1184	_	<u> </u>		
City Mount Vernon			<u>-</u>	State	· <u> </u>		ZIP code
Malling address of business (if different)		-	<u>-</u> -	Wa			98273
City		<u> </u>		State	<u>-</u> -		ZIP code
Provide one of these identifiers Answer the following	Taxpayer Identification Number	r (TIN)	Employer Identific	ation N	umber (EIN)	WA Ur 603-	olfled Business Identifler (UBI)
Provide a detailed explanation	on of your primary businglessel records). Realer. SETYNCE.	ness ac	ctivity (exactly w	hat yo	our busine	ss or a	gency does and how
Used CAI Selling CAR Customors Tr Finance Com	panie wes	کے ہے مارا م	theirs d	عرهنه	ربه د	V & √	comer Yehicles
Will you contact the owner to investigator, or to any other p disclose the information or st	ate that you will not dis	close if	is space to des and will not con	cribe ntact i	how you w he owner,	ill cont This is	tact the owner or required information.
on outlorner Persons of a	or Private susinesses to	C@.	west, sax	or,	DPY 190	avv A	d other and wa

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name		<u> </u>	
American Auto and Body			
Address, City, State, ZIP code			
1901 Freeway Drive, Mount vernon wa	00000	-	
Contact name			
Kal Saad	(Area code) Telephone number	Email	
Providing information	(360) 707-8970		
Does the subscriber provide information	to an attornou as estimate in the sta		
F SUDSCRIDERS DEFINISSINA IISA	144		
Lienholder and lesa	lowner Salietied,	Varifiel Resistrion current	←
2 Legal business name		, au	
Address, City, State, ZIP code	,		
Contact name	(Area code) Telephone number	Email	•
Providing information			
Does the subscriber provide information t	o an attorney or private investig	ator? ☐ Yes ☑ No	
Subscriber's permissible use	billion private invoding	alor: Lifes Li No	
C Legal business name			
Address, City, State, ZIP code			
Contact name		<u> </u>	
South Control of the	(Area code) Telephone number	Email	_
Providing information			
Does the subscriber provide information to	on attarness as subsets to see		
Subscriber's permissible use	an attorney or private investiga	ator? L Yes No	
,			
4 Legal business name			
Address, City, State, ZIP code			
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Contact name	(Area code) Telephone number	Email	\dashv
Providing information			
Does the subscriber provide information to	an attorney or private investiga		
Subscriber's permissible use	an alterney or private investiga	MOLL LE YES LET NO	
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Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- Business outside Washington State Attach a legible copy of one of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place (county) signed

PRINT or TYPE Name

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02 Washington Administrative Code (WAC) 308-10-075, 308-93-087